

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/937202 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2nd AMENDMENT		IND.	DER.	IND.	DER.	IND.	DER.
	IND.	DER.	IND.	DER.						
1					51					
2					52					
3					53					
4					54					
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43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	X	-	1	-	21					
TOTAL DER.	PA	-	13	-	15					
TOTAL DEP.	PA	-	13	-	15					
TOTAL	XO	-	14	-	17					
1st AM	XO	-	14	-	17					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS